

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM ITC-875)

SERIAL NO.
10/698715
APPLICANT(S)

FILING DATE
5/5/05

5/5/85							CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•		
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1					51						
2			1				52						
3			1				53						
4			1				54						
5		1					55						
6			2				56						
7			1				57						
8			1				58						
9			2				59						
10			1				60						
11			1				61						
12			①				62						
13			5				63						
14			5				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19		1					69						
20			1				70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		└	3			└	TOTAL IND.		└		└		└
TOTAL DEP.			27			└	TOTAL DEP.		└		└		└
TOTAL CLAIMS			30				TOTAL CLAIMS						